Name in Full Loretta Anderson

Certificate of Death

Died at Town S. Cumberland County Alleg Co MARYLAND

Date 1899 Month 4 Day 30 Age Y. 26 M. D. Native of Md Occupation Hsuop

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ Wife of Edw. Anderson

Father's Name Mother's Name

Cause of Death Primary 93 How long sick 4 days

Immediate Peritonitis ~~Accident, Suicide, Homicide~~

Reported by Geo. L. Broadrup

Address 100 Va Ave City

This may have been reported by Dr. Twigg.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full James Linn Barnard — Certificate of Death

Died at Town Lonaconing County Alleghany MARYLAND

Date 1899 Month April Day 12 | Age Y. 52 M. 1 D. - | Native of U.S. | Occupation Blacksmith

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living

Husband ~~Wife~~ of Mary Easter Barnard

Father's Name John Barnard — Mother's Name Susan Linn

Cause of Death — Primary Mitral Incompetency. 57 — How long sick 10 days

Immediate Heart Failing — ~~Accident, Suicide, Homicide~~

Reported by M. Gibson Forlin M.D.

Address Lonaconing Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mary Sabina Clupp

Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 189 9 Month 4 Day 13 Age Y. 54 M. 9 D. Native of Lonaconing Occupation Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 10

~~Husband~~ of Wife Anthony Clupp

Father's Name John H Havenkemp Mother's Name Catherine Havenkemp

Cause of Death Primary Nervous prostration; dementia

Immediate Heart failure

How long sick

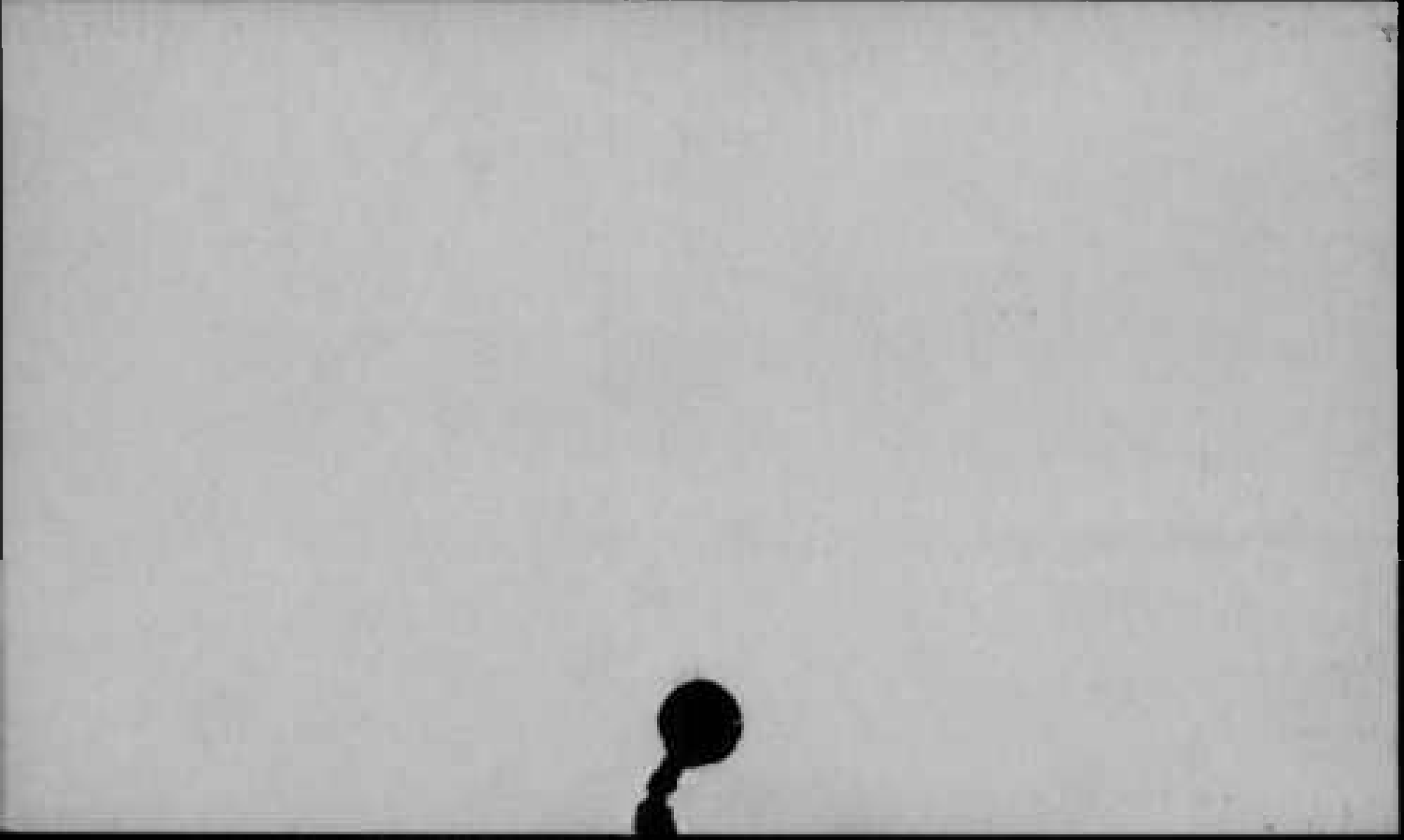
Accident, Suicide, Homicide

Reported by 46 J. D. Skilling, M. D.

Address Lonaconing, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]



Name In Full

Certificate of Death

Mrs Silas Collins

Towp

County

Died at near Mt Savage Allegany MARYLAND

| Month | Day | Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|
| Date 189 4 | 9 | Age 46 | | | | |

~~Male~~ / Female — White / Colored — Married / ~~Single~~ — Widow / Widower — Divorced / Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Conner 4-10-

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75958

Name in Full

Certificate of Death

William H Crupper

Died at Town Cumberland County Allegany MARYLAND

Date 1899 Month April Day 6 | Age Y. 65 M. 11 D. 4 | Native of Virginia | Occupation Carpenter

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 5

Husband of Wife Anna Davis 161

Father's Name Eli Crupper Mother's Name Francis Boston

Cause of Death: Primary unknown Indigestion — How long sick about 3 month complaining

Immediate Weak heart. = 30 beats per min ~~Accident, Suicide, Homicide~~

Reported by W J Craigen MD

Address Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Captain John Douglas — Certificate of Death

Died at Town: Lonaconing County: Allegany MARYLAND

Date 189 Month: April Day: 1 — Age Y.: 60 M.: 6 D.: 7 — Native of: Scotland — Occupation: Farm Supt.

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 8.

Husband ~~Wife~~ of Ellen Douglas

Father's Name: John Douglas — Mother's Name: Marjorie Smith

Cause of Death — Primary: Miliary Tuberculosis — How long sick: 10 weeks

Immediate: Exhaustion 2 2 f — ~~Accident, Suicide, Homicide~~

Reported by W. Gibson Dorlin M. D.

Address Lonaconing Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 88988

Name in Full Alice Dixon

Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 189 9 Month April Day 8 Age Y. 23 M. 7 D. Native of U.S. Occupation Clerk

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife —

Father's Name Thomas Dixon Mother's Name Mary Dixon 26

Cause of Death Primary Acute Rheumatic Fever How long sick 8 days.

Immediate Endocarditis, Hyperpyrexia 109° ~~Accident, Suicide, Homicide~~

Reported by M. Gibson Porter,

Address Lonaconing Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Thomas Donald

Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 189 9 Month April Day 1 | Age Y. 5 M. 0 D. - 28 | Native of England | Occupation Miner

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 7

Husband ~~Wife~~ of Mary Jane Brennan

Father's Name John Donald | Mother's Name Ann Brison

Cause of Death: Primary Gastro-Enteritis 83 days | How long sick

Immediate Intestinal Hemorrhage | ~~Accident Suicide Homicide~~

Reported by W. D. Skilling M.D.

Address Lonaconing, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

George Dorner

CERTIFICATE OF DEA

Died at Town: Cumberland County: Allegany

MARYLAND

Date of death: 1899 April 18 Age: Years 35 Months — Days —

Sex: Male Color or Race: White Birthplace: Maryland

Occupation: Salesman Where Residing if not at place of death: —

Married, Single or Widowed: Married Name of Wife or Husband: Mary Johnson.

Father's Name: Weyand Dorner Father's Birthplace: —

Mother's Maiden Name: Anna A. Newman Mother's Birthplace: —

Name of person giving information: Anna M. Dorner. How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Alcoholism How long: ?

Immediate How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. W. Wiley M.D.

Address: Cumberland Md

Accident or Suicide? —

LIBRARY BUREAU A88516

Cumberland, Md June 15/11.

A true copy of a certificate of death taken from the records of this office this date.

Francis E Hannigh MD
Health Officer

Name in Full Joseph Foolen

Certificate of Death

Died at Town Barton County Ally MARYLAND

Date 1899 Month Apl Day — Age Y. 1 M. 5 D. Native of Md Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Jas. Foolen

Mother's Name Mary Malloy

Cause of Death Primary Pneumonia

Immediate

72

How long sick 16 days

~~Accident, Suicide, Homicide~~

Reported by D. P. L. Conroy

Address Barton Ally Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Name in Full Mrs. Mary Gilmore

Certificate of Death

Died at Town Gilmore County Allegany MARYLAND

Date 1899 Month 4 Day 30 | Age Y. 32 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow -Widower | Divorced Number of children living 7

Husband of Wife

Father's Name | Mother's Name

Cause of Death: Primary 25 | How long sick

Immediate Cancer of the breast | Accident, Suicide, Homicide

Reported by The Star Lonaconing

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Rev. Father Lautrin,

St. Joseph's Ch., Midland

Name in Full Jessi Green

Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 1899 Month April Day 8 Age Y. 1 M. 3 D. Native of U. S. Occupation —

~~Male~~ ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widowed~~ ~~Widower~~ ~~Divorced~~ Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name Wm C. Green Mother's Name Jessie Jessie

Cause of Death { Primary Scarlet Fever 6 How long sick 2 days

Immediate

~~Accident, Suicide, Homicide~~

Reported by M. Gibson Porter

Address Lonaconing Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Mary Griffith

Certificate of Death

Died at Town: Sylvan Retreat. County: Alleg. MARYLAND

Date 1899 Month: Apr Day: 13 | Age Y. 50 M. – D. – | Native of: Unless | Occupation: Domestic

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of~~ children living

Husband / Wife of —

Father's Name — Mother's Name —

Cause of Death: Primary 153 | How long sick —

Immediate Exhaustion | Accident, Suicide, Homicide

Reported by C. H. Brace

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name In Full Mrs. Rebecca Jenkins

Certificate of Death

Died at Town Frostburg County Allegany MARYLAND

Date 189 9 Month 4 Day 5 Age Y. 75 M. D. Native of England Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of Thos. Jenkins, Sr.

Father's Name Mother's Neme

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Mining Journal

Address 4 8th

Must be signed by physician, if any in attendence, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

Name in Full

Charles Johns

Certificate of Death

Died at Town Frostburg County Allegany MARYLAND

Date 189[illegible] Month 4 Day 18 Age Y. 64 M. 2 D. 4 Native of Hanover Germany Occupation Miner

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living five

Husband ~~Wife~~ of Catherine Johns

163

Father's Name Henry Johns

Mother's Name Hannah Johns

Cause of Death: Primary Disease of Kidney resulting from tight stricture

How long sick Three days

Immediate Apoplexy

Accident, Suicide, Homicide

Reported by C. C. Jacobs.

Address Frostburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55059

Name in Full

Certificate of Death

Bernard Kuhlman

Died at Town Cumberland County Allegany MARYLAND

Date 1899 Month April Day 16th Age Y. 89 M. D. Native of Germany Occupation Drayman

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 10

Husband / Wife of Rosina Hoenicka

Father's Name John Bernard Kuhlman Mother's Name Catharine Marie Buhelage

Cause of Death Primary Cardiac Dropsy 57 How long sick 18 or 30 Month

Immediate Syncopae ~~Accident, Suicide, Homicide~~

Reported by H. C. Hodgson

Address Cumberland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Child of Aug Langer

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 1899 Month 4 Day 5 | Age Y. 4 M. D. | Native of Cumbd | Occupation —

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

22a

Cause of Death: Primary Tuberculosis

Immediate Exhaustion

How long sick 2 months

Accident, Suicide, Homicide

Reported by W. F. Trigg

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Joseph Mc Elfish

Died at Town: Flintstone County: Allegany MARYLAND

Date 189 9 Month: 2 Day: 9 | Age Y. 78 M. D. | Native of | Occupation

~~Male~~ / ~~Female~~ | White / Colored | ~~Married~~ / ~~Single~~ / Widow / Widower | ~~Divorced~~ | Number of children living 3

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Coroner 2-10

Address filed 1898

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7960R

Name in Full

Certificate of Death

Bertha McKenty

Died at Town: Lonaconing County: Allegany MARYLAND

Date 189 9 Month: April Day: 19 | Age Y. 5 M. 2 D. | Native of Maryland | Occupation Child

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name George Bernard McKinty | Mother's Name Jane S. McKinty

Cause of Death: Primary Scarlet fever 6 | How long sick 14 days

Immediate " "

~~Accident, Suicide, Homicide~~

Reported by J. D. Skilling M. D.

Address Lonaconing Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65009

Name in Full

Certificate of Death

Mrs. Sallie McKenzie

Died at Town: Cresaptown County: Allegany MARYLAND

Date 1899 Month: April Day: 25 | Age Y. 72 M. D. | Native of | Occupation

~~Male~~ Female | White Colored | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 6

Husband of Wife: Daniel McKenzie

Father's Name | Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Courier 4-29

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name In Full Mary Mansfield

Certificate of Death

Died at Town Admire County Allegany MARYLAND

Date 1899 Month April Day 29 Age Y. 52 M. D. | Native of Occupation Housewife

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~

Number of children living 7

~~Husband~~ Wife of James Mansfield

Father's Name James Kile

Mother's Name

Cause of Death: Primary Cancer 2 Yrs

Immediate

How long sick Several Years

Accident, Suicide, Homicide

Reported by A. J. Smith M.D.

Address Ocean Ville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Peter Nolan — Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 189 9 Month April Day 13 Age Y. 4 M. 4 D. 3 Native of N. Y. Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ Divorced Number of children living 8a

~~Husband of Wife~~

Father's Name Daniel M. Nolan Mother's Name Elizabeth Downey

Cause of Death: Primary Diphtheria. * (Antitoxin) How long sick 24 hours

Immediate Laryngeal Stenosis. ~~Accident, Suicide, Homicide~~

Reported by M. Gibson Porter

Address Lonaconing Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Payne Parker

Certificate of Death

Died at Town Frostburg County Allegany MARYLAND

Date 1899 Month 4 Day 12 | Age Y. 11 M. D. | Native of | Occupation

Male / ~~Female~~

White / Colored

~~Married~~ / Single

~~Widow~~ / ~~Widower~~

~~Divorced~~

~~Number of children living~~

Husband of
Wife

Father's Name G. F. Parker

Mother's Name 145 E

Cause of Death: Primary injuries received in a bicycle accident

~~Immediate~~

How long sick

Accident, Suicide, Homicide

Reported by Coroner 4-8

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79668

Name in Full Jane Rennie

Certificate of Death

Died at Town Pekin County Allegany MARYLAND

Date 1899 Month April Day 2nd Age Y. 40 M. 5 D. 19 Native of Scotland Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 9

~~Husband~~ Wife of James Rennie

Father's Name David McBeth Mother's Name Jane Crawford

Cause of Death Primary Puerperal Sepsis 119a How long sick 7 Days

Immediate ~~Accident, Suicide, Homicide~~

Reported by James A. Bullock M.D.

Address Lonaconing Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Richard Sanerbrine

Certificate of Death

Died at Town Mt. Savage County Allegany MARYLAND

Date 189 9 Month 4 Day 2 Age Y. 65 M. D. Native of Germany Occupation

Male ~~Female~~ White Colored Married ~~Single~~ Widow Widower Divorced Number of children living 7

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Courier 4-8

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full: Dora Amick

Certificate of Death

Died at Town: Cumberland County: Allegany MARYLAND

Date 189 9 | Month: Apr Day: 29 | Age Y.: 7 yrs M.: 8 D.: — | Native of: Maryland | Occupation: none

~~Male~~ / Female ~~Husband of Wife~~

White / ~~Colored~~

~~Married~~ / Single / ~~Widow~~ / ~~Widower~~ / ~~Divorced~~

~~Number of children living~~

Father's Name: A H Amick

Mother's Name: Amick

Cause of Death — Primary: Tabes mesenterica 72 C — How long sick: 1 year

Immediate: Valvular disease of heart — ~~Accident, Suicide, Homicide~~

Reported by: J M Spear

Address: Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full H. H. Snyder

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 1899 Month 4 Day 6 | Age Y. 45 M. — D. — | Native of Cumb'd | Occupation Engineer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow / Widower | ~~Divorced~~

Number of children living 3

Husband / Wife of —

Father's Name /

Mother's Name / 152a

Cause of Death — Primary: Contusion of Brain — How long sick: 10 days

Immediate: Exhaustion — Accident, Suicide, Homicide

Reported by H. F. Twigg

Address Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

# Mary Bell Stride

Certificate of Death

Town

County

Died at Allegany MARYLAND

| Month | Day | Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|
| Date 189 2 | 10 | Age 1 | 3 | | | |

~~Male~~ / Female — White / Colored — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ / Number of children living

Husband of

Wife

Father's Name Chas Stride

Mother's Name

Cause of Death — Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Courier 4-15

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70886

Name in Full Jessie Swan

Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 1899 Month April Day 12 Age Y. 24 M. 9 D. — Native of Allegany Co. Occupation Housework

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ——
~~Wife~~

Father's Name John Swan 226

Mother's Name Mary McKay

Cause of Death: Primary General Tuberculosis. Probably hereditary — began in bones of foot —

Immediate Exhaustion —

How long sick 12 months

Accident, Suicide, Homicide

Reported by James O. Bullock M.D.

Address Lonaconing Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Name in Full: May Twigg

Certificate of Death

Died at — Town: Cumberland — County: Alley — MARYLAND

Date 189 9 — Month: April — Day: 20 — Age: Y. M. D. 4 — Native of: Md. — Occupation: —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name: Henry W. Twigg — Mother's Name: Mrs H W Twigg

Cause of Death — Primary: 39a — How long sick: 1¼ mo

Immediate: Meningitis — ~~Accident, Suicide, Homicide~~

Reported by: Geo L. Broadwick

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65[illegible]

Name in Full

Certificate of Death

Isabella Williamson

Died at Town: Eckhart Mines County: Alleg. MARYLAND

Date 1899 Month: Apr. Day: 18 | Age Y.: 76 M.: — D.: 18 | Native of: Scotland | Occupation: Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | Divorced | Number of children living 8.

Husband / Wife of George Williamson

Father's Name Wm Oliver | Mother's Name Agnes Oliver

Cause of Death — Primary: old age 141 | How long sick

Immediate | ~~Accident, Suicide, Homicide~~

Reported by B M Cromwell M D

Address Eckhart Mines Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU F5868

Name in Full — Certificate of Death

Baby Wilson

Died at Town: Lonaconing — County: Allegany — MARYLAND

Date 189 4 — Month: April — Day: 1st — Age: Y. — M. 2½ — D. — Native of: Maryland — Occupation: —

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ — Number ~~of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: Wm H Wilson Jr. — Mother's Name: Mary Metz

Cause of Death — Primary: Abscess of joint — How long sick: One week

Immediate: Convulsions / 134 — ~~Accident, Suicide, Homicide~~

Reported by: W. D. Shilling M.D.

Address: Lonaconing

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Irving Wilson

Certificate of Death

Died at Town Frostburg County Allegany. MARYLAND

Date 1899 Month 4 Day 29 Y. — M. 4 D. Age Native of Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Calvin Wilson

Mother's Name Annie May Wilson

Cause of Death: Primary Epistaxis 65 How long sick 2 Days

Immediate

Accident, Suicide, Homicide

Reported by Dr H O'M Lane

Address Frostburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968